PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10537/279

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHE	OTHER THAN	
TOTAL CLAIMS				(Column 1)		(Column 2)		TYPE		0	R SMAL	L ENTITY	
TOTAL CLAIMS			2	29				RATE	FEE		RATE	FEE	
FOR				NUMBER FILED		NUMBER EXTRA		BASIC FI	385.0	0	R BASIC FE	E 770.00	
TOTAL CHARGEABLE CLAIMS			29 1	2 9 minus 20=		• 9		X\$ _. 9=		0	R X\$18=	162	
INDEPENDENT CLAIMS			√ minus 3 =			1		X43=	11	O	X86=	86	
L	ULTIPLE DEPE	ENDENT CLAIM F	PRESENT					+145=		OF	+290=	0	
•	If the differenc	e in column 1 is	less than	zero, enter	"0" in	column 2		TOTAL		OF	R TOTAL	1018	
CLAIMS AS AMENDED - PART II								<u> </u>			THAN		
_		(Column 1)		(Colum	nn 2)	(Column 3)	, .	SMALL	ENTITY	_ OF		ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF M	Minus	PENDENT	CL AIM	= .		X43=	:	OR	X86=		
<u> </u>	1		OETII EE DE	·	CLATIVI			+145=		OR	+290=		
	.*							TOTAL	 	OR	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE	<u> </u>		ADDIT. FEE	L	
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST		Г		ADDI-	7		ADDI-	
		AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL	-	RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43≈ ·	·		X86=		
_	FIRST PRESE	NTATION OF ML	ILTIPLE DEI	PENDENT C	CLAIM		F			OR	7,00-	_	
	,							+145=		OR	+290≃		
								TOTAL DIT. FEE		ОR	TOTAL ADDIT, FEE		
· .		(Column 1)		(Column	12)	(Column 3)	·.	•					
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU: PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			Voc		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash	A43=		OR	X86=		
• 15	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·	
H	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
T	he *Highest Numl	per Previously Paid	For (Total or	Independent)	is the h	nighest number f	iound	in the appr	opriate box	in colu	ımn 1.		